
State:	Arkansas	Filing Company:	Starmount Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Carryover Benefits Rider		
Project Name/Number:	/SDN-2010CT CB		

Filing at a Glance

Company:	Starmount Life Insurance Company
Product Name:	Carryover Benefits Rider
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	08/14/2012
SERFF Tr Num:	STAR-128230521
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Belle Lucas
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/16/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Carryover Benefits Rider
Project Name/Number: /SDN-2010CT CB

Filing Company: Starmount Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: SDN-2010CT CB Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 08/16/2012
State Status Changed: 08/16/2012 Deemer Date:
Created By: Belle Lucas Submitted By: Belle Lucas
Corresponding Filing Tracking Number:

Filing Description:

Re: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985
Carryover Benefits Rider-SDN-2010CT CB

Dear Sir/Madam:

We are pleased to file the above referenced rider in Arkansas. This filing is a new filing and is being filed without an illustration. This rider is designed to allow the insured person to carryover a portion of their unused maximum benefit amount for use in later years. It may be used with the following previously approved dental policies:

The following lists the approval dates of these products in your state:

Group Dental (DN-2007)- Approved 1-19-07

Group Dental (DN-2010)- Approved 6-30-11

Please contact me if you have any questions at 225-400-9282 or by email bellel@starmountlife.com.

Sincerely,
Belle Lucas

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist bellel@starmountlife.com
P.O. Box 98100 225-926-2888 [Phone]
Baton Rouge, LA 70898

Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
7800 Office Park Boulevard	Group Code:	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

State: Arkansas **Filing Company:** Starmount Life Insurance Company
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: \$100 per product filing.
Per Company: No

Company	Amount	Date Processed	Transaction #
Starmount Life Insurance Company	\$100.00	08/14/2012	61657380

SERFF Tracking #:	STAR-128230521	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Starmount Life Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2012	08/16/2012

SERFF Tracking #:	STAR-128230521	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Starmount Life Insurance Company
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Disposition

Disposition Date: 08/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Carryover Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SDN-2010CT CB							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/16/2012	SDN-2010CT CB	CERA	Carryover Benefit Rider	Initial:	41.100	SDN-2010CT CB Carryover Benefit Rider- Starmount.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Starmount Life Insurance Company

8485 Goodwood Blvd., PO Box 98100
Baton Rouge, LA 70806-7878

Carryover Benefits Rider

Attached to and made part of this Policyholder's Group Dental Policy and each Certificate of Insurance issued under such policy. It is hereby agreed that the policy and certificate is amended by adding the Carryover Benefits provision as defined below:

Effective Date: This rider is effective on [Month, Day, Year].

Policyholder Status:

[This is a new group with no prior Carryover Benefits provision in place.]

[This is an in-force group renewing coverage and adding this rider. Carryover Benefits will be accumulated based on the claim activity from the first complete Benefit Year this rider was in-force.]

[This is a Takeover group. Carryover Benefits will be accumulated based on the claim activity from the first complete Benefit Year this rider was in-force.]

[This is a Takeover group. Carryover Benefits will be accumulated based on the prior Benefit Year's claim activity, subject to availability of applicable data from the prior insurance carrier.]

Benefits Description:

An Insured may be eligible for carryover of a portion of his or her unused Certificate Year Maximum Benefit, as follows:

If an Insured submits Qualifying Claims for Covered Expenses during a Benefit Year and, in that Benefit Year, receives benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Threshold Limit, the Insured will be credited a Carryover Benefit for that Benefit Year. In addition, the Insured must have at least one cleaning and one routine exam per year.

Carryover Benefits will be accrued and stored in the Insured's Carryover Account. If an Insured reaches his or her Certificate Year Maximum Benefit, We will pay a benefit from the Insured's Carryover Account up to the amount stored in the Insured's Carryover Account. The accrued Carryover Benefits stored in the Carryover Account may not be greater than the Carryover Account Limit.

An Insured's Carryover Account will be eliminated, and the accrued Carryover Benefits lost, if the Insured has a break in coverage of any length of time, for any reason.

The Threshold Limit, Carryover Benefit, and Carryover Account Limits for this Policy/Certificate are:

- Threshold Limit: [\$500]
- Carryover Benefit: [\$250]
- Carryover Account Limit: [\$1,000]

Eligibility for a Carryover Benefit will be established or reestablished at the time the first Qualifying Claim in a Benefit Year is received for Covered Expenses incurred during that Benefit Year.

In order to properly calculate the Carryover Benefit, claims should be submitted timely in accordance with the Proof of Loss provision found within the Claims Provision. You have the right to request review of prior Carryover Benefit calculations. The request for review must be within 12 months from the date the Carryover Benefit was established.

Other Specifications:

[Calendar Year Plans: If this plan's dental coverage first becomes effective on any date other than January 1, , this rider will not become effective until January 1 of the first full Calendar Year. And, if the effective date of an Insured's dental coverage is in October, November or December, this rider will not apply to the Insured until January 1 of the next Calendar Year. In either case:

- Only claims incurred on or after January 1 will count toward the Threshold Limit;
- Requirement of 1 cleaning and 1 exam incurred after January 1; and
- Carryover Benefits will not be applied to an Insured's Carryover Account until the Calendar Year that starts one year from the date the rider first applies.]

[Policy Year Plans: If the effective date of an Insured's dental coverage is within the three months prior to the start of this plan's next Policy Year, this benefit rider will not apply to the Insured until the next Policy Year. And:

- Only claims incurred on or after the start of the next Policy Year will count toward the Threshold Limit;
- Requirement of 1 cleaning and 1 exam incurred after January 1; and
- Carryover Benefits will not be applied to an Insured's Carryover Account until the Policy Year that starts one year from the date the rider first applies.]

If Covered Insurance Percentages increase each Benefit Year for certain Covered Procedures, this rider will not apply to the Insured until all Covered Insurance Percentages reach the ultimate level. And, if the Covered Insurance Percentages reach the ultimate level within the three months prior to the start of this plan's next Benefit Year, this rider will not apply to the Insured until the next Benefit Year, and:

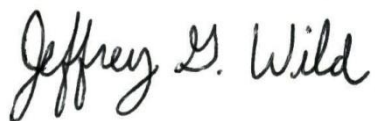
- Only claims incurred on or after the start of the next Benefit Year will count toward the Threshold Limit; and
- Carryover Benefits will not be applied to an Insured's Carryover Account until the Benefit Year that starts one year from the date the rider first applies.

Definitions:

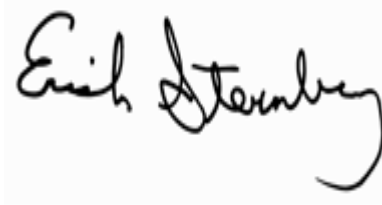
- "Benefit Year" means Calendar Year or Policy Year, according to the type of plan applicable under the Policy/Certificate to which this rider is attached.
- "Carryover Account" means the amount of an Insured's accrued Carryover Benefits.
- "Carryover Account Limit" means the maximum amount of cumulative Carryover Benefits that an Insured can store in his or her Carryover Account.
- "Carryover Benefit" means the dollar amount, which will be added to an Insured's Carryover Account when he or she receives benefits in a Benefit Year that do not exceed the Threshold Limit.
- Qualifying Claim means a claim under Procedure Classes [A, B, C, and D, (Orthodontia) and must include 1 exam and 1 cleaning.] .
- "Threshold Limit" means the maximum amount of benefits that an Insured can receive during a Benefit Year and still be entitled to receive the Carryover Benefit. This includes all claims processed under all Procedure Classes.

This Rider takes effect on the date shown on Page 1 of this Rider and expires with the Policy/Certificate to which it is attached. It is subject to all the terms, conditions, limitations and exclusions of the Policy/Certificate that are not inconsistent with it. Nothing contained in this Rider will be held to change, waive or extend any provisions of the Policy/Certificate except as stated in this Rider.

Signed for Starmount Life Insurance Company, at its Home Office, 8485 Goodwood Blvd., Baton Rouge, LA 70806-7878.

A handwritten signature in black ink that reads "Jeffrey G. Wild". The script is cursive and fluid, with the first name "Jeffrey" being more prominent than the last name "Wild".

Jeffrey G. Wild, Secretary

A handwritten signature in black ink that reads "Erich Sternberg". The script is cursive, with "Erich" and "Sternberg" clearly legible despite the stylized handwriting.

Erich Sternberg, President

SERFF Tracking #:	STAR-128230521	State Tracking #:	Company Tracking #:
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/16/2012
Comments:			
Attachment(s):			
Flesch Readability.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/16/2012
Bypass Reason:	N/A		
Comments:			

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
SDN-2010CT CB	1037	46	37	41.1

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeff Wild

Digitally signed by Jeff Wild
DN: cn=Jeff Wild, o=Starmount Life Insurance,
ou, email=jeffw@starmountlife.com, c=US
Date: 2012.08.13 10:22:30 -05'00'

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 08/13/2012